

Filed for intro on 02/24/97
SENATE BILL 1627 By
Dixon

HOUSE BILL 1493
By Armstrong

AN ACT to enact the "Disadvantaged Minority Health Improvement Act of 1997".

Whereas, racial and ethnic minorities are disproportionately represented among individuals from disadvantaged backgrounds; and

Whereas, the health status of individuals from disadvantaged backgrounds, including racial and ethnic minorities, in Tennessee is significantly lower than the health status of the general population in the state of Tennessee; and

Whereas, minorities suffer disproportionately high rates of cancer, stroke, heart diseases, diabetes, substance abuse, acquired immune deficiency syndrome, and other diseases and disorders; and

Whereas, the incidence of infant mortality among minorities is almost double that for the general population; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be known, and may be cited, as the "Disadvantaged Minority Health Improvement Act of 1997".

SECTION 2. (a) There is established the office of minority health within the department of public health. There shall be in the department of public health an assistant commissioner of minority health, who shall head the office of minority health. The commissioner of public health,

79427454

79427454

000043

00004324

acting through such assistant commissioner of minority health, shall carry out the provisions of this section.

(b) The office of minority health shall, with respect to the health concerns of individuals from disadvantaged backgrounds, including racial and ethnic minorities:

(1) establish short-range and long-range goals and objectives and coordinate all other activities within the department of public health that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;

(2) enter into interagency agreements with other divisions and offices of the department of public health to increase the participation of such individuals in health service and promotion programs;

(3) establish a statewide minority health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance);

(4) support research, demonstrations and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;

(5) monitor efforts to promote minority health programs and policies in the Tenn Care program and in the voluntary and corporate sectors;

(6) encourage Tenn Care HMO's to systematically provide health screenings, health counseling and education services to residents of public housing;

(7) develop health information and health promotion materials and teaching programs, including:

(A) models for the training of health professionals;

(B) model curriculums to be used in primary and secondary schools and institutions of higher learning;

(C) materials and programs for the continuing education of health professionals;

(D) materials for public service use by the print and broadcast media; and

(E) materials and programs to assist health care professionals in providing health education to their patients; and

In carrying out subsection (b), the commissioner of public health shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the commissioner.

In carrying out subsection (b), the commissioner shall ensure that information and services provided under such subsection are provided in the manner and cultural context that is most appropriate for the individuals for whom the information and services are intended.

(c) (1) In carrying out subsection (b), the commissioner may make grants to, and enter into cooperative agreements and contracts with, public and nonprofit private entities.

(2) The commissioner shall, directly or through contracts with public and private entities, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects.

(3) Not later than January 20, 2000, and of each second year thereafter, the commissioner shall prepare a report summarizing evaluations carried out

under paragraph (2) during the preceding two (2) fiscal years. The report shall be included in the report required in subsection (d) for the fiscal year involved.

(d) Not later than January 31, 2000, and of each second year thereafter, the commissioner shall submit to the General Assembly a report describing the activities carried out under this section during the preceding two (2) fiscal years.

SECTION 3. (a)(1) The commissioner shall encourage counties to obtain detailed data on ethnic and racial populations, including subpopulations of Hispanics, Asian Americans, and Pacific Islanders with significant representation in the state.

(2) There shall be an annual collection of data from a statistically valid sample concerning the general health, illness, and disability status of the civilian noninstitutionalized population. Specific topics to be addressed under this paragraph, on an annual or periodic basis, shall include the incidence of illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospitalizations, and the relationship between demographic and socioeconomic characteristics and health characteristics.

(b) In carrying out this section, the commissioner, acting through the Center, shall collect and analyze adequate health data that is specific to particular ethnic and racial populations, including data collected under national health surveys. Activities carried out under this subsection shall be in addition to any activities carried out under subsection (c).

(c)(1) The commissioner, acting through the Center, may make grants to public and nonprofit private entities for:

- (A) conducting special surveys or studies on the health of ethnic and racial populations or subpopulations;
- (B) analysis of data on ethnic and racial populations and subpopulations; and
- (C) research on improving methods for developing statistics on ethnic and racial populations and subpopulations.

(2) The commissioner, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.

AN ACT to enact the “Disadvantaged Minority Health Improvement Act of 1997”.

AN ACT to enact the “Disadvantaged Minority Health Improvement Act of 1997”.

AN ACT to enact the “Disadvantaged Minority Health Improvement Act of 1997”.

AN ACT to enact the “Disadvantaged Minority Health Improvement Act of 1997”.